How to End the Autism Epidemic:
A Special Interview With J.B. Handley

By Dr. Joseph Mercola

JM: Dr. Joseph Mercola
JH: J.B. Handley

JM: Welcome, everyone. This is Dr. Mercola, helping you take control of your health. Today we are joined by J.B. Handley, who wrote a book, *How to End the Autism Epidemic.* We haven't done a discussion on autism in a while, so I thought it was good for an update, especially in light of the fact that I'm speaking at Generation Rescue's autism educational event in Dallas, Texas, at the end of September. We'll be discussing that. Welcome and thank you for joining us today, J.B.

JH: Thank you very much for having me.

JM: You're the father of a child with autism, as, unfortunately, so many other parents are, tragically. It's really sad to cite that statistic, but that's the reality of it. You were so motivated by what you found out that you wrote a book about it. Why don't you expand on your story and give our listeners an opportunity to understand how you came to this position and why you wrote the book?

JH: Yeah. My wife and I were what I would characterize as very mainstream parents, which meant that when our second son was born in 2002, we basically handed him to our pediatrician and did whatever our pediatrician told us to do, which meant following the Centers for Disease Control and Prevention's (CDC) recommended schedule, as you well know. We started to watch our son decline physically after every vaccine appointment at 2 months, at 4 months, at 6 months and at 12 months.

He physically declined. He got eczema. His belly became distended. He had sleep disturbances. He had dark circles under his eyes. We kept going back into the doctor and saying, "What's going on? What's happening with him? Where is this coming from?" We could never get a plausible explanation for what was happening.

And then soon after my son was 1 year old, he started to decline neurologically. He lost his words. He lost many of his normal mannerisms. He started doing these really unusual behaviors. He started craving certain foods – all these things that somebody like you knows are red flags for a child heading towards autism. But at the time, we were ignorant to this and our pediatrician didn't help us at all.

We were living in Northern California. We took our son to University of California San Francisco (UCSF) to get him diagnosed, and he was – with autism, the severe form, whatever that means. But at the same time, we visited a Defeat Autism Now! (DAN!) doctor down in Pleasanton. As you know, back in 2004, the DAN movement was the way that doctors were treating these children for their underlying medical concerns.

JM: Well, some doctors. It was pretty much a handful.

JH: Absolutely. There were a handful of doctors. Many of them were parents of children with autism. We met this great doctor, who have been classically trained as a physician in Pleasanton, California, Dr. Lynne Mielke.

We were presented with two completely different worlds. At UCSF, autism was genetic. It was lifelong. He was likely to be institutionalized. There was nothing we could do about it, except to prepare ourselves. But in Pleasanton, three miles away, autism was triggered by vaccines. It was an environmental illness. If you vetted the diet and started to do things differently, some of these children recovered completely.

Here's my wife and I, both educated at Stanford, both very mainstream, and we're put at these crossroads for what to do for our son. I asked this question, as a parent, "What would you do?" In our case, we went to the facts. We went to the reality of how our son had declined after being on a normal path of development. We ultimately made a decision that we did believe that the vaccines are what triggered my son's autism. We did believe that biomedical interventions could work for him.

That opened a whole new door to us. Soon after that, in '05, my wife and I founded Generation Rescue. The reason that we founded it was to kind of share the information that we had learned with other parents. That's where our journey kind of began.

JM: Thank you for sharing that. I appreciate it. How is your child doing now?

JH: My son is 16. He's had dramatic improvement through biomedical intervention. He went from not being able to speak to getting all his words back. We can take him on airplanes and go on long family trips. He can read. He can talk. But he continues to be affected by autism. I think this is one of the messages that I try to share with parents.

Some children recover completely from autism through biomedical intervention. But other children get better, and other children improve. At 16, my son continues to improve. He hasn't won the lottery yet, where he's headed off to college. But I'll tell you that the sophistication of biomedical intervention improves by the year. We remain very helpful for his upside. He's a wonderful, delightful teenage boy.

JM: Probably better than many of his contemporaries who follow the conventional approach.

JH: Just a personal family bias, we would never give our son brain drugs. For example, any kind of prescription meds for his brain. We're lucky that he doesn't have seizures. And again, we've had him on an extremely strict diet, a very complex nutritional protocol supported by a number of incredible doctors. We continue to support him to the best of our ability.

But you know, the book that I wrote, I do tell the personal story. The reason that I wrote the book is that I think that the amount of facts that are out there today about how exactly vaccines are playing a primary role – I say primary rather than only – in triggering autism in certain vulnerable

children, that set of facts has grown so dramatically since my son was diagnosed back in 2004, I wanted parents to have the opportunity to view those facts in one place and to sort of get the entire story all at once, so that they could appreciate the totality of the argument, which, once you read it, is crystal clear for what's happening.

I think, in many ways, that the jury is in on this. My book is bolstered by the fact that two of the titans of the mainstream autism medical community have changed their tune through depositions, and now support the things that parents have been saying for decades.

I think that those two scientists, who people don't know about, and the way they've changed their tune are going to have a dramatic impact on this debate. We're talking about scientists from the Kennedy Krieger Institute at Johns Hopkins University, arguably the preeminent institution in the country focused on autism, who are saying exactly what parents are saying – that in a vulnerable subset of children, vaccines are, in fact, the trigger of autism.

JM: Yes. It's confusing because they certainly are associated with it, but as anyone who studies science knows, that correlation is not necessarily causation. There are other variables too that can contribute to it. That, interestingly, happened about the same time as the increase in the vaccine schedule, which occurred in the last half of the 20th century.

We had the introduction of glyphosate, Roundup, which occurred mid-'90s. And then we also had a radical increase in the exposure to electromagnetic fields (EMFs). All three of these things are pernicious. When you combine them together, it's not a good combination. It's difficult to tease out, especially when you combine that with genetic susceptibility. But clearly, the connection between the introduction of vaccines in many children is pretty clear.

JH: I don't disagree with anything you just said. I think what I would say is that the challenge with glyphosate and EMFs is doing the science to discern what degree they're involved in the epidemic. The vaccinatedversus the unvaccinated study, the parental testimonials about children going upside down after the vaccine appointments, those give us very strong markers. But I do agree with you that if you're trying to prevent a child from having autism, I think vaccines are a great place to start, but there are many other toxins. I put glyphosate and EMFs high on the list that are likely playing a role as well.

The interesting science that's come about since the mid-2000s and beyond concerns this notion of an immune activation event in the brain of a child. We believe that immune activation events are actually what causes autism. The question is, "What's the trigger for those immune activation events?" Because there could be a myriad of triggers.

In the emerging science, which has largely been developed in other countries, it shows us how aluminum, specifically – aluminum, which the whole purpose of it being in a vaccine is to hyperstimulate the immune system – how aluminum, in certain vulnerable kids, can create a persistent immune activation event, sort of a simmering inflammatory event in the brain. That simmering inflammatory event, if it happens during critical phases of brain development, can cause a child to head into autism.

Those analysis models, unlike the epidemiology the CDC did that was not that helpful trying to discern causation, most analysis models are showing us, with some very specific data about the brains, just how a vaccine can trigger an immune activation event that then leads to autism.

I think that new science largely done on foreign shores is not very well-understood by the average American. I put that into my book in a very kind of linear way to explain it and put it all together. I think what comes out at the end of that is clear biological plausibility for how a vaccine can trigger an immune activation event, which then leads to autism.

JM: Yeah. The aluminum, as you said, is an immunostimulant, or is an adjuvant to increase the likelihood that they will generate antibodies, which is supposedly how these vaccines are designed to work. As most people who study this know, it's a much more serious toxin than the mercury that's in the vaccine. Not that mercury is benign, but, clearly, if you had one or the other, you'd probably get rid of the aluminum.

JH: I agree completely. The aluminum that goes into a vaccine is [inaudible 09:55]. It's in a nanoparticulate form. That's a far more important point than people appreciate. A nanoparticle injected into the body is something that the body doesn't know what to do with.

[-----10:00-----]

We now know through science that what happens is the immune system, as you know, has these things called macrophages. The macrophages come visit the injection site. They grab the aluminum that they don't know what to do with. Some portions of those macrophages end up in the brain. They sit there, and it's called biopersistence. The aluminum just sits in the brain and the body doesn't know how to get it out. The fact that aluminum can hyperstimulate the immune system, in my opinion, makes it far more dangerous.

What was interesting in the course of writing this book was that it also became clear that aluminum is likely the explanation for the massive rise in autoimmunity amongst our children as well. Although it cannot be the only reason, it's certainly a clear reason. One of the things that you learn is that the aluminum gets into the body, if another protein happens to be cruising by in the blood at the time the aluminum is there –

JM: Yes. Right.

JH: It's a food allergy, right? Because the body goes to react to the hyperstimulation that the aluminum's providing. But if you have a dairy particle that happens to be in the neighborhood, you can have a temporal trigger, right? Just that moment in time can be enough to turn a child from not allergic to totally allergic to milk or some other product.

Whether it's asthma, all the different food allergies, diabetes, etc., it could be that we're looking at the same primary cause for so many of these conditions that have become epidemic amongst our children. I'm almost 50 years old. We all know that if we're 50 or above, there's nothing like what's going on today from our history. Children just weren't that sick. There has to be a pretty simple explanation for such a massive rise. I think that vaccines and aluminum are likely a primary trigger.

JM: Yes. One might wonder what the motivation for that might be, other than simply trying, ostensibly, seeking to protect the public health. But if you look at the numbers when I first started practicing in the mid-'80s, the vaccines were limited – I think literally less than 10 percent of what's now currently administered, and the revenues from those were relatively low. One hundred seventy million dollars is certainly nothing to sneeze at, but that's about the total revenues in that time.

Now, the projections, at least according to your book, is that they're going to generate 60 billion – with a B – 60 billion dollars in 2020, two years from now. That's up tremendously. There are some other pragmatic components to this. Maybe you can touch on this too. It's the immunity from litigation that was established in the mid-'80s, which insulates them from side effects and liability, and then the expense of developing conventional drugs – the non-insulation from liability. Everything's moving towards a far better revenue-generating model with vaccines than with traditional medications.

JH: Yes. Let's take a quick tour of that history that you just touched on. This is something that really stuns people. Today, for children, there are 11 separate license to vaccine. If you count them by needle, there are 38 injections by the time a child is 5. Some people will count Diphtheria-Tetanus-Pertussis (DTP) as three, but I disagree. On a needle basis, there are 38 needles by the time a child is 5 years old. If you go back to 1985, there were three needles. There was DTP, polio and Measles-Mumps-Rubella (MMR). The DTP vaccination rate for children in the United States was 63 percent. The polio vaccination rate was 53 percent. The MMR vaccination was 61 percent. That was it. We're in the 60-percent range for three vaccines in 1985.

JM: Easy peasy. Simple to do.

JH: We had an autism rate in 1985 of somewhere between 1 in 5,000 or 1 in 10,000, depending on which data you look at. And then in 1986, because the DTP, in particular, was causing so much brain damage, they passed The National Childhood Vaccination Injury Act (NCVIA). They indemnified vaccine makers from all liability.

As you know – maybe some of your listeners don't – if you get injured by a vaccine, you can't sue a vaccine maker. In fact, the person you sue is the federal government. When you go to vaccine court in Washington D.C., the lawyers who are paid money to fight your claim are Department of Justice (DOJ) employees. The judge who's there to adjudicate your claim is a special master who has full control over the proceeding. You have no jury. You have no normal judicial process. That 1986 ushered in a rapid introduction of many different vaccines. Surprise, surprise.

Today, I would argue – and I do quite strongly in the book – we're simply giving too many vaccines for too many diseases that are not that dangerous. In return, we have this massive explosion in chronic disease. It's a trade. We're slightly reducing certain acute illnesses. We're having an explosion of many chronic illnesses.

I think the question for Americans and the question for parents is, "Is it worth it? Is the reduction in disease worth the trade-off?" That's actually the conversation that I wish we could have. We

don't have a realistic risk-reward conversation. Vaccines are portrayed cartoonishly as offering you instant protection from whichever disease you get vaccinated for.

The truth is more complicated than that. But let's talk about the risk side. "Do I want to get a rotavirus vaccine if the risk is asthma? Do I want to get a Haemophilus influenza type B (Hib) vaccine if the risk is a lifetime of diabetes or some other autoimmunity and a much higher risk of autism?" By not acknowledging the very real risks of these vaccines, parents aren't in a position to make an informed decision about whether or not they're worth it for them.

I personally would support an immediate return to the 1985 schedule. You and I were both alive in 1985. Children were not dying in the streets. It wasn't the dark ages. We have to do something radical if we're going to change this chronic disease epidemic.

One in 36 children with autism, almost 3 percent of the U.S. population, is insanity. To not acknowledge how bad it's gotten, to not acknowledge the primary cause, is just prolonging the disaster for so many families. I can tell you this is a devastating diagnosis for almost every family that has to deal with it. It taxes families to an extreme degree. Because of that lack of honesty and transparency about the risk-reward trade-off, parents are left to find information for themselves.

JM: Yeah. Parents, the ones who remain married, are under severe stress. It's my understanding from the statistics that far more than 50 percent result in divorce, as a result of the stressors induced by taking care of that autistic child, which is just tragic. It's just absolutely tragic that they have to suffer of something totally unrelated to what they did.

JH: Autism, for a family, is devastating. I think one of the things that really frustrates me about this epidemic is the whitewashing of autism. We have like The Good Doctor on TV. I applaud anybody with autism who can go on to be a physician and save lives. Don't get me wrong. But I explained in the book that The Good Doctor representing autism is like a person using a cane representing paraplegics. The truth is that most children with autism can't speak. Most children with autism will never live alone. Most children with autism will never have a job. Most children with autism die early. Most children with autism require daily and hourly care.

We can never look away from the severity of this epidemic or this disability for most of the children affected by it. It's because of the devastating nature of the disability that it puts such a strain on families. My heart goes out to families that are lower income, work two jobs or they're struggling to make ends meet, and then autism gets dropped into their lives. It's simply devastating and untenable. We've got to do something about it.

JM: Yeah. I couldn't agree more. It's really tragic that we're at this level. I can remember back to the day I opened up my practice in 1985, when the incidence of autism was 1 in 10,000. We were only giving five injections before the age of 5, so very minimal. It's a strategy you recommended that we revert back to, and I agree with that. But it wasn't until the early '90s that I saw my first autistic patient. The incidence started going up.

Sadly, I mean – You talked about Dr. Robert Mendelsohn. My practice was in Chicago. He was a graduate and he was on-staff at the University of Illinois, which is where I went to school. I

certainly knew of him, but regarded him as a quack. Really, one of my biggest regrets is that he passed away before I finally understood the truth about vaccines, which is about five years after he passed in 1988. But he was a primary leader in this, and really a pioneer in taking arrows in the back. He was one of the first clinicians that really objected to this strategy. This was with the old vaccine schedule.

JH: It was amazing for me in doing research for the book to learn about Dr. Robert Mendelsohn, because I was a child when he was on TV and writing for the Chicago Tribune and all those things. It was kind of hard to believe that a pediatrician, with a profile that he had, had been so clear about the dangers of vaccines so long ago. It was painful to imagine how much his warning hadn't been heeded.

I want to talk about one other thing that Dr. Andrew Zimmerman and Dr. Richard Kelley really brought up about vaccinating children. These are Zimmerman and Kelley from the Kennedy Krieger Institute. In their depositions, they make it clear that they feel very strongly that children need to be screened before their first vaccine. That screening could arguably take some or all of the pool of vulnerable children out of harm's way.

[-----20:00-----]

They bring up specifically in their depositions things like the methylenetetrahydrofolate reductase (MTHFR) mutation, that gene that can limit the ability of the body to detoxify. They bring up maternal autoimmunity history as a potential risk. Any signs of food allergies, any signs of other illnesses, obviously.

But there's this list of screens that you could do in advance that might save a meaningful portion of these children from harm. What's so frustrating about that is, in order for those screens to be put into place, there has to be an acknowledgment of causation, right? If we can't get to that point as adults, if we can't get to that point as parents, scientists and doctors, and come together and say, "Something that was originally well-intended, which I genuinely believe that vaccines were well-intended – I won't take that away from people who originally came out with them – is actually causing more harm than we thought. We've got to get certain children out of the way."

That's where I appeal to parents to say, "Take screening to heart. Before you put that first needle in your child, do your own genetic tests. Do your own autoimmunity history. Find a pediatrician who is open to you."

By the way, that's another point that I really made in my book. This is not a parents vs. the scientist. I'm sitting here talking to you. You're a doctor. You're not the only one. You're a very loud voice our side. Thank you for that. But there are other physicians who understand the truth, other pediatricians who understand the truth, other scientists who understand the truth. Their numbers and their chorus are growing. I hope that they continue to come together and tell the truth, because that will give parents more energy and belief that what we're seeing is really the truth to protect their children.

JM: Yeah. That's certainly the case. You said that they should do their due diligence and maybe get their child tested. But there's one vaccine that I find particularly objectionable and really

atrocious, because it's so irrational. It's the hepatitis B vaccine. It's given on the first day of birth – there's literally no justification for it – for a disease that may affect them 10 or 20 years later.

JH: I personally believe, and I want to make it clear that there's not enough science to corroborate what I'm saying, but I personally believe that the introduction of hep B and Hib, which they did almost simultaneously in the early 1990s, are the primary triggers of the autism epidemic, because they're loaded with aluminum. They get it early. Everything kind of maps up to those two.

You may know that Melody Goodman and Carolyn Gallagher did some studies out of Stony Brook, where they went to the hep B series and its relationship to both special education and autism. They found much higher rates in boys who had gotten the hep B series.

But back to your original point, there's a pediatrician here in Portland, Oregon, where I lived, Dr. Paul Thomas. He has the largest single pediatric practice in this entire city. He doesn't get the hep B vaccine at all. Once the mother has hep B, of course, and then he will give it.

JM: Yeah. It's appropriate.

JH: As he explains, the screening is so amazing for women who are about to give birth, that they always know the hep B status. And then to otherwise give it is insanity.

JM: It clearly is irrational. There's no justification for it.

JH: I was interviewing Dr. Thomas. I asked him, "Have you ever personally seen a case of hep B in your practice?" He said no. I said, "Have you ever seen a mom with hep B in your practice?" He said no. But now, of course they exist. But he doesn't even give the hep B vaccine. It's that inconsequential. You know the vaccine wanes with time, so by the time the child is probably 10 years old, most no longer have protection anyway.

If you're really worried about your child and risky behaviors, where they could catch hep B, whether that's sharing needles, unprotected sex or that kind of thing, they should get that in their 10 years anyway. I think when parents understand how crazy it is to be giving the hep B vaccine to every baby, they can start to lose a little bit of faith in the CDC. Maybe hep B, in a way, will be the downfall of this crazy vaccine schedule, because it's so unnecessary and so inappropriate. There are many first-world countries where it's not given, unless the mother has hep B.

JM: Yeah, which is the appropriate use of that, which would reduce the administration well over 99 percent, 99.5 percent. But let's go back to the faith that most people, certainly the public health authorities and almost all conventional physicians have in the vaccine system. That's based on this correlation of a decline in infectious diseases mortality with children in the U.S. and the introduction of vaccines. Again, there's this confusion there. The correlation is not necessarily causation. There are other variables that likely contributed to that decrease. Why don't you address that? Because it's always good to review this. We've discussed it before, but it's really, really an important concept. It questions the very foundation of these recommendations.

JH: I have a blog. It's JBHandleyBlog.com. I wrote an article within the last two months called, "Did Vaccines save humanity?" I think it's a fair question to ask. I think the data exists to answer it. I went back and looked. Between 1900 and today, there's been a massive decline in mortality of humans, right? We all know that. But public health scientists, for a long time, have been able to evaluate what are the drivers of that decline in mortality.

It's things like: improved standards of living, kind of globally; clean water; refrigeration; sewage; and a very important one that people don't appreciate much, a decrease in crowding, a decrease in people living together in kind of cramped quarters. Each of those is a driver of a reduction in infectious diseases.

In my article, I quote all the published science. They tried to calibrate exactly what effect did each of these things have on the declining mortality. When they got to vaccines, because the data shows dramatic declines in these infectious diseases before the introduction of the actual vaccine. When they got to vaccines, they estimated that vaccines' role in that overall decline in mortality from 1900 to today was somewhere between 1 and 3 and a half percent of the total decline.

What that says is they played a role, and it was a small role. Facts are facts. Data is data. Anybody who tells you that billions of lives have been saved because of vaccines, or whatever the number they try to use, or that it's the primary driver, is insane. Because the facts don't support them and say differently.

If you go to Africa, where they're still living in crowded conditions, and they still have horrible water, and they still don't have sanitation, and they still don't have refrigeration, and you vaccinate every kid, you might kill more children than you helped, because all the other conditions haven't been bolstered.

We actually learned that through science within the last year, by a study published by Dr. Peter Aaby, who is a renowned epidemiologist of vaccines. What he found in a very isolated country was that the children who got the DTP vaccine were 5 times more likely to die than those who didn't.

The reason for that, as far as he could explain, was that it weakened their system so much that they were far more susceptible to other infections, because they were living in a highly infectious environment. If you go after public health and you don't do it with totality, and you think vaccines are going to solve the problem, they're not going to solve the problem. There's no data that says they would.

JM: I think the first step in helping people understand this is to do your homework. Ideally, this is done before your child is born, because even if you disagree and come to the conclusion and disagree with the introduction of hepatitis B on day 1, to say that you have to be hypervigilant is a very, very serious understatement, because I've known so many people who were absolutely opposed to that, and yet those nurses still got in and snuck the hep B vaccine on day 1. It's almost like you have to be with the child for 24 hours. Just don't let him out of your sight. I mean it really needs to be that obsessive to prevent that vaccine.

JH: It's become like a religion. I think hypervigilance is the right word for the way that parents need to behave. I have heard way too many horror stories of a child being taken away to be circumcised and they get hep B at the same time.

JM: Yeah.

JH: And the parents don't even know it. Do your homework. What I would tell parents is, "Just be patient. Let some time pass. Learn about every single vaccine and what disease exactly it is preventing."

It's interesting. Dr. Paul Thomas here in Portland – to give you another example – he doesn't vaccinate. He doesn't recommend that his patients vaccinate for polio. Now, that's something that some people have a very hard emotional time getting past because of an ugly history of polio epidemic in this country, and there's a lot of emotion around it. I bring it up because it's fascinating to think that a mainstream pediatrician, who's a member of The American Academy of Pediatrics (AAP) doesn't recommend that vaccine. As he said, we haven't had a case of polio in this country since 1979. He recommends parents don't do it.

I'm not making that recommendation one way or another. What I'm saying is that's the kind of data you need to gather on each vaccine and decide for yourself, "Is the risk-reward there for me?" If you do that research and you decide it's there for you, all the more power to you. This is a free country.

I believe in medical freedom. I believe that everybody should use whatever intervention they think is appropriate for their child. But what I don't believe in is that a parent should walk into an office with a child who's 2 months old, having not done the research, hand your child over to the pediatrician and they stick the child with six vaccines and you can't name what any of them are. By the way, that's a mistake that I made.

It's the kind of message that I try to send to other parents, "Be way more informed. Be way more vigilant." There are pediatricians in every market who are more open. Find those pediatricians and work with them.

Focus on the health of your child, not on implementing the CDC's vaccine schedule. Recognize that there are many pediatricians who are motivated by their insurance company to have really high vaccination rates. Because of that, they may not have your child's best interests at heart. They may have the bonus that they're getting from their insurance company at heart. That's really inappropriate but happens all the time. There are many children who are never, or at least on that day, shouldn't be vaccinated. You want to find a pediatrician who will honor that.

[-----30:00-----]

JM: Yeah. I believe by law, they're required to obtain an informed consent. But that, virtually, is never done. Virtually never done. In other words, you've got to know the entire risk profile, and that's just not done. I don't even know if they sign forms at all anymore, or ever discuss it with patients.

JH: It's very sporadic. There is, unfortunately, a feeling amongst public health that the more time you spend talking about vaccines, the more time you spend introducing the real risk for vaccines, the lower your vaccination rate will be.

JM: Imagine that.

JH: I know. Rather than respect that there's truth to that and it's because they cause damage, I think amongst the mainstream, the idea's, "We're not going to talk about this. We're just going to force it on the patients." There are some really disgusting science out there about how to cajole, how to word-trick, how to motivate, how to manipulate parents into vaccinating by not sharing facts. It's like a marketing technique.

JM: They work.

JH: I think that we should be disturbed by that. You would think that a vaccine could stand on its own merits. But the truth is that parents today are being bombarded with stories like the one I'm telling, of children regressing into autism and being injured by vaccines. The chorus of fear is just growing. It's not subsiding. It's growing. Social media has actually facilitated that discussion, even as the mainstream media shuts us down. I think parents have more opportunities than ever to get real information and make the right decision for themselves.

That's one of the major messages of my book: "Don't be me. Don't be the person who trusted your pediatrician. Don't be the person who conceded that." I couldn't have told you when my son was 4 months old what he's been vaccinated for. I made this simple, ultimately, in retrospect, idiotic conclusion that, "Well, I've been vaccinated, so it's fine." I had no idea that the schedule had skyrocketed. Of course, no one taught us that at the pediatrician's office. But it's ultimately on me and my mistake.

JM: It was your responsibility as a parent.

JH: It is. Absolutely. I didn't live up to that. I encourage other parents to take a different path. Do your research.

JM: Yeah. If it was me, I'd have to do a lot of healing work around that. I had to do enough for administering those damned vaccines. It brings me to tears [thinking of] all the children I harmed by doing that.

JH: Guilt wrote this book, if you will. The two ways that I found to deal with that guilt is, one, to focus on my son in helping him get better, and, two, to warn as many parents as possible.

When you look at sort of the other side that the people who, I guess, I would consider kind of like my enemies or opposition on this issue, the one thing that I hope parents would really take a look at is, "Who's getting this message?" I'm just a father of a child with autism. I'm giving away 100 percent of the proceeds from this book. I don't profit from autism anyway. I've only donated money to this. The only motivation I have is a singular motivation: to tell the truth and to save as

many children as possible from the fate that befell my son. In a way, that provides me with some absolution for the mistakes that I made.

That is the sum total of my motivation for being here and for writing this book. Look at the people on the other side and their motivations and try to judge, from a sincerity standpoint, who's telling you the truth and why.

JM: Well, you're not the typical parent of an autistic child, because you've obviously got quite a good education behind you. You and your wife are both Stanford grads. I'm wondering what you got your degree on.

JH: My degree is actually in economics and East Asian studies.

JM: Interesting. So nothing related to health.

JH: Nothing related to health. When I got out of college, I went into management consulting. And then I jumped into the private equity industry. When I was 26 years old, I started my own private equity fund. I view my personal area of expertise to be spreadsheets and finance. I have a high facility with numbers. I think that's what allowed me early on to start to read some of the epidemiology from the CDC and to see how many lives were baked into it and to become very suspicious.

I don't have medical training. I don't have a health background. I've become a quasi-expert, because I feel like I've been forced to, because I feel like I'm fighting for the life of my son. But in many ways, I'm a layperson. I'm a proud layperson.

JM: Yeah.

JH: Sometimes it helps to be a bit of an outsider. I spent a lot of time in my career buying private companies. I know how people can lie with numbers. I used to think that business people at times can be dishonest. There's nobody more dishonest than some of these vaccine scientists. It's unbelievable to me the things that they'll do and the kinds of studies that they'll put together and the way they'll represent what those studies say versus what they actually say.

By the way, I spent a whole chapter talking about this notion that the science is settled. It's simply a lie. Anybody who takes just a little bit of time to read the studies that they point to is proof that vaccines don't cause autism, when quickly some of them would come to the same conclusion. They only looked at one vaccine, MMR. They only looked at one ingredient, thimerosal. Even those studies were gened up and they claim that that's enough to prove that vaccines don't cause autism. It's absurd.

Anybody with the willingness to spend just a little bit of time on this topic will grow so disenchanted with the things they're saying because they're unsupportable. They're lies. They're propaganda. I find that deeply disturbing that our public health officials will lie that blatantly. When you have people like Dr. Zimmerman and Dr. Kelley from Kennedy Krieger, who are now supporting what the parents are saying, I think the lie falls down even further. I think that they're

going to really have to answer to this book and explain why they're saying the things they're saying.

You know, I covered it just a little bit in my chapter 5 in my book. But many of the scientists who've done some of the most amazing work on aluminum and, biologically, how it causes autism, they wrote a letter to our public health service, each of them, each of these three scientists wrote a letter to our public health service and said, "Based on the work that I have done with aluminum, I think that the words on your website," – they're talking about the CDC – "saying vaccines don't cause autism isn't true. I encourage you to look closer at the aluminum science that I'm including here in my letter. This is a devastating crisis that I think we have answers for."

These are international renowned scientists writing to our CDC and saying that, "The things you're representing to the public aren't true. You need to look at this topic again." This is not parents versus the CDC. These are esteemed international scientists. These are clinicians from Kennedy Krieger. This is a chorus of people all saying the same thing.

The gig is up. The truth is there for anybody willing to look. I really hope that that group of people all come together in the same time and say, "Enough is enough. Enough with the lies. There is 1 in 36 children. It's unacceptable." We have a clear answer for at least the primary trigger of what's going on. We need to start saving children, moving those with great risks out of harm's way to help end the autism epidemic.

JM: No question. Quite an increase from 1 in 10,000 to 1 in 36. Projections by some [even say] as low as 1 in 2 in the not too distant future, which is just incomprehensible. I mean if it really reaches that level and we have half of the population having dementia from Alzheimer's, that is an unsustainable position. The bulk of the population will have to – we can't survive. It just doesn't add up. You have no one to take care of them.

JH: You know, societies we know of would be over. I think one of the things that people may not appreciate, if you look at any public school system in the United States right now, they are upside down due to special education.

It is a crisis in every public school system in America. The unwillingness to acknowledge the scale already of that crisis is criminal. To imagine a 1 in 2 number, we're done. We're done as a country. We're done as a society. There's no way that we can sustain the expenses so high for the average child with autism, several million dollars over their lifetime for each person to support them. We're done as a society. We've debilitated too many people.

JM: Certainly, as a financial person, you're really good with the numbers, so you can support that. I applaud your strategy, or at least your documentation of the strategy to have reputable scientists with solid science approach the government and have them reconsider their position. But it was destined to be a flawed strategy because of the revolving door between the federal regulatory agencies and public health authorities and industry. I mean the former head of the CDC, whose name escapes me now. Janet? No.

JH: Julie Gerberding.

JM: Julie Gerberding. Yes. Medical doctor (M.D.). For seven years or so, and then she went into the vice president of vaccine research for Merck. What a more obvious component. That's just one of dozens and dozens and dozens. The federal regulatory agencies are locked up, bought and sold by the industry. There's no way you can implement change. It has to be an alternative. You're not going to implement change at the federal level.

In your case, in the state level, your child was born in California, which had one of the most liberal vaccine exemption laws. It was one of the few states that have personal exemptions, which they abolished a few years ago. Is that one of the reasons why you moved to Oregon, by the way?

JH: No. We moved before that happened. I did end up fighting the Oregon law that was headed down the same path. We were able to defeat that up here. But I would make a couple of points about what you just said.

First of all, there is a racketeering component to what is going on, okay? The CDC is a captive agency to Big Pharma. There are many reasons for that. One part of it is the CDC implements the vaccine schedule, so they're motivated to continue to do that. But the other thing that happens is the best CDC employees end up with Big Pharma jobs.

[-----40:00-----]

As long as you keep that revolving door moving, then everybody knows how to play the game and to stay on the right side. Julie Gerberding leaving CDC and being the president of Merck's vaccine division is perhaps the most egregious and obvious example, but there are thousands of other examples. You go into CDC and you're working there, you're sort of working there temporarily until you end your Big Pharma job. The last thing you're going to want to do is to eliminate Big Pharma. That's where regulatory agencies have to be restructured.

For example, CDC can't be in charge of implementing the vaccine program and also in charge of vaccine safety, and also in charge of counting autism numbers. It's insane that those three things all happen within the same group. That would need to be broken up and busted up in some way. They are a captive agency today. That's very, very dangerous and very concerning.

You are getting to a question, which I often ask myself, which is like, "Well, how do you break this thing up?" The power of the president would be one way. I think an organization with a stature of Autism Speaks could potentially be another. If they were really willing to say with clarity, "Okay. Vaccines are a primary cause. We need to do something about this," they have the potential weight to make a move like that.

Otherwise, I think that it's going to be settled in the courts, and not the courts of the vaccine court, but actually doing vaccine makers for other things. Suing these vaccine spokespeople for lying and manipulating behind the scenes, I think that the courts may be our final opportunity to get some –

JM: That is an interesting recommendation that I haven't really heard before. But it certainly appears to have some value to that, especially in light of the recent decision with Monsanto.

JH: Yeah, yeah. Absolutely.

JM: Awarding a nearly 300-million-dollar judgment. We've got 5,000 to 8,000 other class action litigants coming up against them, which could literally bankrupt Bayer, who bought them. It has the potential to. I mean this could be tens to hundreds of billions of dollars in damages.

JH: Exactly. I think many of us in our community are emboldened by the Monsanto ruling. What happened in the Monsanto trial was that those suing Monsanto had the power of discovery. They get internal documents.

JM: Yes. That's a golden opportunity too.

JH: They'll be able to depose a vaccine employee in 30 years. We need to find a way to be able to do that. I do fear that courts are going to be the last and only way that we actually end this epidemic. Maybe if somebody at Autism Speaks will step up to the plate, maybe somebody in the AAP, which would be the other way this could end, will step up to the plate. Maybe the president will step up to the plate. I think that's completely unpredictable.

But in the meantime, what we can keep doing is collating doctors and scientists together who know the truth. I think the more they speak as one voice – because their voice is more important than a voice like mine, of a parent – the more these scientists, who are doing the real work –

I want to talk about that for just a second. In 1953, they painted mice with tobacco tar, and they developed cancer. That was the first domino, but it took 40 years. It took 40 years because they kept doubt in the equation for 40 years.

JM: That's part of their strategy. It's embedded into the whole strategy. Create doubt. Rule No. 1.

JH: In terms of how nasty but effective it is. We have scientists who are doing the real work now. They need to stand together. The more they stand together as one voice, the tougher they're going to be to knock down. They'll rifle shoot any one scientist. But if they can lock arms, and the doctors too who know the truth, and they all speak as one voice, I think at some point, that chorus will start to be heard. I think that's a really important part of this too.

By the way, I document all the science that's been done recently, almost all of it biological. That points to the plausibility of how vaccines trigger autism through these immune activation events. That's how it continues. There are many more studies on their way out. At some point, we're going to have an overwhelming body of evidence that CDC is going to have to deal with. What I can tell you is that any animal model where one group of animals gets the vaccines and one group of animals doesn't, it's always bad.

JM: It's encouraging that they're doing this work and that there is this other option of litigation in the courts. That is an intriguing opportunity.

JH: The parents aren't going to stop. The parents aren't.

JM: They can't. It's only going to get worse. We're at 1 in 36. I mean if it goes up tenfold, that's 1 in 3.

JH: I think one of the things that the other side may underestimate is that 1 in 36 number has a single good side to it. The only good side to it is that new people every day come into our community. A certain number of them have power, money, connections or some combination.

JM: They've got to, just by the random numbers.

JH: Billionaires, politically elected people, whatever it might be, they continue to join the community. At some point, that chorus is also loud enough to do something to break the dam once and for all. Hopefully before it gets too much worse.

JM: Yeah. You put together this event, Generation Rescue, which is in its fourth or fifth year now?

JH: Generation Rescue was founded by my wife and I in 2005.

JM: 2005.

JH: Yeah. 2005.

JM: Okay, so it's 13 years.

JH: Yeah. It's okay. We've been an organization that's been there for parents who want to initiate biomedical intervention. As part of Generation Rescue's initiatives, we do an Autism Education Summit, which is in its fifth year, which will be in Dallas, where you're a keynote speaker, which we're very grateful for. Thank you.

The Autism Education Summit is a wonderful opportunity for parents to come and learn from all the cutting-edge doctors who are treating children with autism biomedically. I think that parents can go there and hope they learn things that will help their children improve and maybe even recover. Generation Rescue's purpose has always been to help children recover from autism.

JM: Yeah. Your event is reasonably priced. I'm sure you're losing money at these prices, because I know what it takes to put on an event.

JH: Jenny McCarthy, who is the president of the organization, her focus has always been about parents and about wanting to make things financially reasonable for them to be able to come and learn and save their child. That's been her focus. We're happy to lose money on the event to inform parents.

JM: Yeah. Congratulations for making that effort. I'm excited to be there. Hopefully we'll have this interview up before that, so that if anyone's interested. I mean probably the base expense is just getting transportation and lodging down there. It's going to be a lot less expensive than the actual ticket.

JH: That's true.

JM: Yeah. That's a great effort that you're doing. Anything else you'd like to mention in the book? Because there's so much there. If you have any interest in this, I couldn't recommend your book [more], *How to End the Autism Epidemic*, because it's really good. In some ways, it's similar to Dr. Dale Bredesen's book, *The End of Alzheimer's: The First Program to Prevent and Reverse Cognitive Decline*. I mean he doesn't discuss or goes into the history like you do, but it's really an epic book that can help you understand and take positive actions, so that you can be prepared.

Because there's going to be – It's pretty clear, unless we are able to get this litigation strategy, which could take a decade or longer, we're going to have a significant percentage of the population who's going to be beyond seriously impaired. Not only physically, but financially. We need a small contingent of informed, aware individuals who can sort of create this nucleus of healthy individuals who can help the culture survive beyond this catastrophe. If it doesn't exist, the species gets extinct.

JH: It sounds like doomsday, what you're saying. But I fear that the odds of that happening are actually pretty high if we don't get united soon. I think the final comment that I would make is that I really – I hope that doctors and scientists and public health officials and members of the White House all read my book. I really wrote this book for other parents. If you're a parent or a parent-to-be, even more so, I'd really just tell you, "Just spend the time. Start on page 1. Go through the whole book. Read it for yourself, and then take charge of your child's development and their health and keep doing the research. You may not agree with everything I wrote."

I hope that those on the other side who read my book will choose to debate me, ideally live and publicly. I would really welcome and honor that opportunity. I think that they are lying about much of the science and about the autism epidemic. I hope some of the more public spokespeople, whether it's Paul Offit or Peter Hotez, will get on a public stage with me and debate me in front of the world. I would really welcome that opportunity. It's time for us to start dealing with this absolutely unstoppable, terrible epidemic that has absolutely destroyed the generation of our children.

JM: Have you ever debated one of these experts before?

JH: I've been scheduled to debate Paul Offit on several occasions, and every single time he's backed out. I hope he hears this and I would debate him live tomorrow given the opportunity. Peter Hotez, the same way. I've personally volunteered to debate him in a public forum. None of these guys won't debate me. I want it to be live. That's always one of my criteria. But I'm a layperson and these scientists and doctors who think vaccines are the greatest invention in the history of man won't get on the stage and debate a parent whether or not they cause autism. I think that should tell people something. But the door remains wide open for me. I'd be happy to do it.

JM: Yeah. I want to comment on that again. You are a layperson, but you have a very good educational background. It's very clear that they just didn't teach you information. They taught you, more importantly, how to learn. A lot of people watching this know how to learn too. There

are resources that exist in the 21st century that never existed last century. You can learn – thank, God – from the internet. There are a lot of information there that's available, essentially, for free.

Yes, they can get your book, which is a great purchase. But you can validate it through so many other mechanisms. You can acquire a level of expertise that exceeds the physician you're seeing, as clearly you have done. I mean you're willing to debate not only any physician, but leaders in the entire field.

[-----50:00-----]

JH: Yeah. I'm grateful and I agree with you. I think many of the people watching this video can go through the same process that I went through. Hopefully, my book will be a starter for them. Honestly, one of the reasons I'm so comfortable debating these people is they're sitting on a web of lies. I mean their studies are useless. They can't support what they're saying with any kind of detail. I believe that's why they're unwilling to debate me. They know that they are sitting on a castle of sand and that too much scrutiny will show it quickly. They can't support many of the things that they say.

JM: Yeah. Before we go, I neglected to have you go over and review some of the depositions that you have in your book. I'm not sure how they were obtained. There must have been some lawsuit going on where they were deposed, and the discovery process was live. Can you give some of the highlights of that description? Because it was pretty amazing.

JH: Yeah. There are three depositions. Two of them I've referenced in terms of Dr. Andrew Zimmerman and Dr. Richard Kelley. Those are two of the preeminent members of the Kennedy Krieger Institute, the leading autism institution in the country, where they say, unequivocally, that vaccines are causing autism. That's chapter 6 in my book. I think that could be the only chapter in my book that most people are going to be convinced at that point, that we have a real problem.

The other deposition in the book is Dr. Stanley Plotkin. Dr. Stanley Plotkin is, arguably, the godfather of the vaccine industry. He was brought in by Paul Offit in Voices for Vaccines, which is a pharma front group, to be an expert witness in a case in Michigan, where a husband and wife were disagreeing whether to vaccinate their child. He sat through an eight-hour deposition. He was destroyed by the opposing council. What was revealed was many of the tricks, false narratives and disturbing ways of thinking that people in the vaccine industry think through, because Dr. Plotkin was one of the thought leaders of that.

We learned everything from the fact that he tested vaccines on mentally retarded children – his words, not mine – babies in prisons, orphans, etc. We kind of learned of the ugly history of vaccine trials. But he clearly acknowledges that the DTP vaccine doesn't really work. That the human papilloma virus (HPV) vaccine trials were in fact quite faulty, because they had a placebo group. They received an aluminum-containing vaccine. He's artful in never acknowledging that vaccines cause autism. Well, we know the science hasn't been done.

It goes kind of on and on. I think, for parents, it would be really revealing to hear from a vaccine industry, heavyweight – Oh, his conflicts of interesting are spelled out in detail. He's literally making millions of dollars a year from vaccine makers, and yet projects himself as sort of this

independent spokesperson about vaccine. I think he bailed on the trial the next morning after giving his deposition. He refused to be an expert witness. Luckily, we were able to obtain that deposition in a public manner. It's not sealed. I think anybody who reads his words in that deposition will be blown away by how the, arguably, the default leader in the vaccine industry actually thinks it's very, very damning and very, very disturbing.

JM: Yeah. That alone is worth the price of the book, along with all the other great information.

JH: No doubt, do doubt.

JM: Congratulations on compiling it. Your passion, dedication and commitment to really educating those and seeking to prevent the damage that you unfortunately had to go through, and so many other parents have to go through it. It's needless pain and suffering. Really, one of the primary motivations that causes me to continue what I do to educate people to inform them this, so I don't have to go through needles pain and suffering, because it's just –

JH: On behalf of millions of parents, I want to thank you. You've taken, I'm sure, plenty of arrows in the back on this topic, but you've been steadfast. You've talked about this topic for years. I think you're a voice of reason and a voice of light for a lot of parents. I'm grateful that you allowed me on your platform to talk about this book. I really, really appreciate it.

JM: I'm glad you were able to join us. It's been long overdue. We've got a lot of work in front of us, but I think we could look to the Monsanto trial. What we've also been catalyzing through mercury – I think one of the reasons why vaccines are so hard to overturn, aside from all the variables you've mentioned is the variable of being around for so long. It's hundreds of years. It's pretty similar to the use of mercury in dentistry, which dates back to the Civil War.

When you have some intervention that's been accepted as valid for so long, the longer it's implemented, the harder it is to overturn. We're making great, great progress removing mercury from dentistry. I hope in my lifetime we're able to see a radical modification of the use of vaccines, as opposed to what's being done today.

JH: You and me both.

JM: Okay. Thanks and I look forward to seeing you in Dallas.

JH: I'll see you very soon. Thank you very much.

JM: Alright.

[END]